Revision:	HCFA-PM-91→ AUGUST 1991	(SPO)	ATTACHMENT 3.1-A Page 1 CMB No.: 0938-
	State/Territory:	MEW JERSEY	
AND	AMOUNT REMEDIAL CARE AND	, DURATION, AND SCO D SERVICES PROVIDED	PE OF MEDICAL TO THE CATEGORICALLY NEEDY
i. Ing	etient hospital (stitution for men	services other than tal diseases.	those provided in an _
Pro	vided:	imitations 💯 Wi	th limitations*
2.4. Out	patient hospital	services.	
Pro	vided: //No lim	itations /X/	With limitations*
	ral health clinic a rural health c		ambulatory services furnished
	Provided:/	No limitations	/With limitations*
<u>/ X /</u>	Not provided.		
ami an	ulatory services	that are covered u	C) services and other nder the plan and furnished by 1 of the State Medicaid Manual
∠ X /	Provided: /	No limitations	/X/With limitations*
300	tion 329, 330, a		h center receiving funds under Health Service Act to a pregnant age.
∠∑	/ Provided:/	No limitations	With limitations*
3. 01	mer laboratity and	i x-ray services.	
Pro	ovided:N	colimitations (X)	With limitations*
	•		
*Descript:	ion provided in a	ttinnent.	
TN No. Superseder	94-18 2-19 Approvation	nci 2 4 1994	Effective Date JUL 2 5 1994 HCFA ID: 7986E

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD) ATTACHMENT 3.1-A Page 2

•			CHCB No.:	0938-
	State/Territory	. NEW JERSEY		
	AMOUNT AND REMEDIAL CARE AN	DURATION, AND S		
4.4.	Nursing facility se mental diseases) fo	rvices (other than individuals 21	n services in a years of age or	n institution for older.
	Provided:	No limitations	AVWith limits	tions*
4.b.	Early and periodic individuals under 2	screening, diagno 1 years of age, a	stic and treatment of	ent services for conditions found.
4.c.	Family planning ser age.	vices and supplie	s for individua	ls of child-bearing
	Provided: / 'No 1	imitations /X/	With limitations	•
5.4.	Physicians' service home, a hospital, a	s whether furnish skilled nursing	ed in the office facility or else	, the patient's where.
	Provided: //No lim	itations AXW1	th limitations*	
b .	Medical and surgical with section 1905(a			(in accordance
	Provided: //No 1:	Titations 💯	With limitations	ı•
6.	Medical care and in law, furnished by practice as defined.	ensed practitio	emedial care rec ners within the	cognized under Sta scope of their
٨.	Podiatrists' serv			
	/XX/ Provided:	limitations	Wwith limits	ations*
	/_/ Not prov			
•Desc	ription provided	: nment.		
TN No	. 92-19A	JUN 875 1000		NUV 2 9 1991.

Superseded Approve

JUN 25 1992

Effective Date

HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy

4 b EPSDT:

The services listed in 1905(a) of the Social Security Act which are not generally included in New Jersey's Title XIX State Plan, but which are available to EPSDT recipients, if medically necessary, are:

Respiratory Care Services

Services of Christian Science Nurses

Private Duty Nursing

Screening and diagnostic services and treatment are provided for chidren, including all services covered by the New Jersey State Plan.

Private duty nursing or Christian Science nursing is provided when the medical condition and treatment plan justify the need and the care is cost-effective. Services are prior authorized to determine medical necessity and cost-effectiveness as established by policy developed by the State Medicaid agency. Exceptions to cost-effectiveness may be made in certain situations under policy established by the State Medicaid agency.

Hospice services are provided according to Medicare principles for persons under the age of 21 years. Hospice services must be medically necessary and meet other Medicare requirements.

Respiratory care services are currently provided as defined in New Jersey Medicaid program manuals for durable medical equipment and home health care.

All medically necessary organ transplants shall be provided for persons under the age of 21 years with prior authorization for medical necessity. Experimental transplant surgeries shall not be provided.

Limits, other than medical nedessity and cost effectiveness, are not applicable to EPSDT recipients, in accordance with 1905(r)(5).

	94-8-MA (NJ)
TN 94-8 A	pproval Date
Supersedes TN 91-27 E	ffective Date Jun 1 - 1994

ACCUST 1991 ROIL 10(9) ATTACHMENT 3.1-8 Page 2 b CHB No. 0938-

State/Territory: New Jersey Dependent Children

		MOL	, זאת	DURATION,	AND S	COPE	or ×	EDICAL
W	ALXEDIAL	CARE	WO	SERVICES	PROVID	02 23	THE	E HEDICALLY

YELDY

1.	Inpatient	hospital	SETVICES	other	than	thosa	provided	in	4.5
	institutio	on for me	ntal dise	4848.					

Not Provided: //No limitations // With limitations*

2.4. Outpatient hospital services.

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

/ Provided: // No limitations //With limitations.

c. Federally qualified health center (7QNC) services and other ambulatory services that are covered under the plan and furnished by an FQNC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

/Y/ Provided: // No limitations //With limitations.

d. Ambulatory services offered by a health center receiving funds under section 129, 310, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

/X/ Provided: // No limitations /X/With limitations*

3. Other laboratory and X-ray services.

A Provided: / No limitations /X/With limitations.

4.a. Mursing facility services (other than services in an institution for sental diseases) for individuals 21 years of age or older.

∠/Provided: ∠/No limitations ∠X/With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. _

Provided: _/ No limitations _/With limitations*

/ Y/ Not provided.

c.Family planning services and supplies for individuals of childbearing age.

/X/Provided: /X/No limitations //With limitations.

*Description provided on attachment.

TH No. 95-15
Superseder Approval Date DEC 1 1 1995
TH No. 94-18
Approval Date DEC 1 1 1995

HCFA ID: 79862

OFFICIAL

Revision: HCFA-PM-91-1 (BPD) ATTACHMENT 3.1-A AUGUST 1991 Page 3 OMB No.: 0938-**NEW JERSEY** State/Territory: AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY b. Optometrists' services. Provided: // No limitations XX/With limitations* / / Not provided. c. Chiropractors' services. \sqrt{XX} Provided: $\sqrt{}$ No limitations \sqrt{XX} with limitations* /_/ Not provided. d. Other practitioners' services. $\sqrt{XX/}$ Provided: Identified on attached sheet with description of limitations, if any. Not provided. 7. Home health services. a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the XX With limitations* Provided: / /No limitations b. Home health aide services provided by a home health agency. Provided: //No limitations **XX** With limitations∗ c. Medical supplies, equipment, and appliances suitable for use in the home. Provided: //No limitations //Wwith limitations*

*Description provided on attachment.

TN No. 9/-35 OCT 1 1991
Supersedes, Approval Date FEB 2 0 1992
TN No. 85-16 Approval Date FEB 2 0 1992

HCFA ID: 7986E

Revision: HCFA-PM-91--

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Page 3a

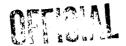
OMB No.: 0938-

	State/Territory: NEW JERSEY
	AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
d.	Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
	$\frac{\lambda (X)}{X}$ Provided: $\frac{\lambda (X)}{X}$ No limitations $\frac{\lambda (X)}{X}$ With limitations*
	/ / Not provided.
3.	Private duty nursing services.
	/_/ Provided: // No limitations //With limitations*
	$\sqrt{\overline{X}}$ Not provided.

*Description provided on attachment.

TN No. 9/-35
Supersedas Approval Date FFB 2 0 1992 Effective Date OCT 1 1991
TN No.

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Revision: HCFA-PM-85-3

MAY 1985

(BERC)

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

	9.	Clinic services.
		/X/ Provided: // No limitations /X/ With limitations*
		/_/ Not provided.
	10.	Dental services.
		$/\overline{X}$ Provided: $/\overline{X}$ No limitations $/\overline{X}$ With limitations*
		/ / Not provided.
	11.	Physical therapy and related services.
	a.	Physical therapy.
		/ With limitations / With limitations*
-		/ / Not provided.
	b.	Occupational therapy.
		$/\overline{X}$ Provided: $/\overline{X}$ No limitations $/\overline{X}$ With limitations*
		/ / Not provided.
	с.	Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).
		/ W Provided: // No limitations // With limitations*
		/ / Not provided.

*Description provided on attachment.

TN No. 85-16 Effective Date JUL 1 1985 Approval Date 007 9 1985 Supersedes TN No. 76-16

Revision: HCFA-PM-85-3 (BERC) MAY 1985

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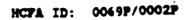
OMB NO .: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL CARP AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

	. Prescribed drugs.	
	$\frac{1}{X}$ Provided: $\frac{1}{X}$ No limitations	/ With limitations*
	/ / Not provided.	
ъ.	. Dentures.	•
	/ Y Provided: // No limitations	/ With limitations*
	/_/ Not provided.	
c.	. Prosthetic devices.	
	$\frac{1}{1}$ Provided: $\frac{1}{1}$ No limitations	✓ With limitations*
	/ / Not provided.	
ď	. Eyeglasses	
	/X/ Provided: // No limitations	/ With limitations*
	/_/ Not provided.	
13.	Other diagnostic, screening, preventive i.e., other than those provided elsewhere	, and rehabilitative service re in the plan.
	a. Diagnostic services.	
	/X/ Provided: / No limitations	<u>/X</u> / With limitations*
	/_/ Not provided.	

Supersedes TH No. 85-16 Approval Date JUN 2 9 1992

Effective Date NOV 2 9 1994



Revision: HCFA-PM-85-3 (BERC) MAY 1985

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OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

•	TN No. 89-12 Supersedes Approval Date APR 1 4 1989 Effective Date JAN 1 1989
(*Description provided on attachment.
	c. Intermediate care facility services. / X/ Provided: // No limitations / X/ With limitations* / Not provided.
	b. Skilled nursing facility services. / X/ Provided: / No limitations /X/ With limitations* / Not provided.
	a. Inpatient hospital services. / X/ Provided: / / No limitations / X/ With limitations* / Not provided.
(/_/ Not provided. 14. Services for individuals age 65 or older in institutions for mental diseases.
	d. Rehabilitative services. / X/ Provided: / No limitations / X/ With limitations*
	c. Preventive services. / X/ Provided: / No limitations / With limitations* / Not provided.
	b. Screening services. / X/ Provided: / X/ No limitations / / With limitations* / Not provided.

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Revision: HCFA-PM-86-20 (BERC)

SEPTEMBER 1986

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OMB NO.: 0938-0193

AMOUST, DURATION AND SCOPE OF HEDICAL AND REHEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

	Provided: 187 No limitations 1 Not provided.	With limitations ✓ With limitati
16.	Impatient psychiatric facility services	for individuals under 22 years
	or age.	
	Provided: // No limitations /// Not provided.	<u>/</u> ✓ With limitations*
17.	Nurse-midwife services.	
	Provided: // No limitations /// Not provided.	✓ With limitations*
18.	Hospice care (in accordance with section	1905(o) of the Act).
	/XX/ Provided: // No limitations /// Not provided.	✓ With limitations*
4		